

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

February 19, 2013

9:30 am – 11:30 pm

AGENDA

- | | | |
|-----|----------------------------|----------------------|
| I | Welcome and Introductions | Bertrand Levesque |
| II | Review of the Minutes | Bertrand Levesque |
| III | Request to Change Provider | Bertrand Levesque |
| III | QI/QA Bienvenidos Process | Lucia Lopez Plunkett |

Quality Improvement

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|-----|--------------------------------------|-------------------|
| I | Parameters for 4.16 Family Inclusion | Elizabeth Owens |
| II | Cultural Competency | Elizabeth Owens |
| III | Children Countywide QIC | Bertrand Levesque |
| IV | Patient Right Office | Bertrand Levesque |
| V | Policy Updates | Elizabeth Owens |
| VI | LGBT issues | Mary Crosby |
| VII | EQRO Audit | Bertrand Levesque |

Quality Assurance Liaison Meeting

- | | | |
|-----|---|-------------------|
| I | Questionnaire | |
| II | School Base Program | Bertrand Levesque |
| III | IBHIS | Bertrand Levesque |
| IV | Service Function Code | Bertrand Levesque |
| V | IMD – TCM | Bertrand Levesque |
| VI | Disallowance – Consistency in Signature | Bertrand Levesque |
| VII | Groups | Bertrand Levesque |

Other Issues

- | | | |
|-----|---------------|-------------------|
| I | Audits | Gassia Ekizian |
| | | Elizabeth Owens |
| II | Announcements | All |
| III | Adjournment | Bertrand Levesque |

**Next Meeting: March 19, 2014 at Enki, 3208 Rosemead Blvd
2nd Floor, El Monte, Ca**

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 3
Quality Improvement Committee Meeting
February 19, 2014

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|-----------------------------|-----------------------------|--------------------------|----------------------------|
| <i>Judy Law</i> | <i>Alma</i> | <i>Kevin Minor</i> | <i>Homes for Life</i> |
| <i>Gloria Santos</i> | <i>Almanson MH</i> | <i>Poonam Natha</i> | <i>Leroy Haynes Center</i> |
| <i>Makan Emadi</i> | <i>Arcadia MH</i> | <i>Marisa Duran</i> | <i>Leroy Haynes Center</i> |
| <i>Sharon Scott</i> | <i>Arcadia MH</i> | <i>Maelisa Hall</i> | <i>Maryvale</i> |
| <i>Lucia Lopez-Plunkett</i> | <i>Bienvenidos</i> | <i>Karla Martinez</i> | <i>Maryvale</i> |
| <i>Leslie Shrager</i> | <i>Children's Bureau</i> | <i>Gabriela Rhodes</i> | <i>McKinley</i> |
| <i>Julie Soler</i> | <i>Children's Bureau</i> | <i>Vivian Chung</i> | <i>Pacific Clinics</i> |
| <i>Hanh Truong</i> | <i>Crittenton</i> | <i>Claudia Williams</i> | <i>Prototypes I-CAN</i> |
| <i>Paula Randle</i> | <i>David & Margaret</i> | <i>Natasha Stebbins</i> | <i>PUSD</i> |
| <i>Bertrand Levesque</i> | <i>DMH</i> | <i>Rosalee Velasco</i> | <i>Rosemary</i> |
| <i>Greg Tchakmakjian</i> | <i>DMH</i> | <i>Rebecca deKeyser</i> | <i>San Gab. Children's</i> |
| <i>Mary Crosby</i> | <i>DMH</i> | <i>Viola Bernal</i> | <i>Social Model</i> |
| <i>Nancy Uberto</i> | <i>D'Veal</i> | <i>Nely Meza-Andrade</i> | <i>SPIRITT</i> |
| <i>Michelle Hernandez</i> | <i>ENKI</i> | <i>Sally S. Michael</i> | <i>SPIRITT</i> |
| <i>Windy Luna-Perez</i> | <i>Etti Lee</i> | <i>Anna Milholland</i> | <i>The Family Center</i> |
| <i>Cammie Jones</i> | <i>Five Acres</i> | <i>Elizabeth Owens</i> | <i>Tri-City MH</i> |
| <i>Tammie Shaw</i> | <i>Five Acres</i> | <i>Natalie Majors</i> | <i>Tri-City MH</i> |
| <i>Gassia Ekizian</i> | <i>Foothill Family</i> | <i>Lisa Tran</i> | <i>Tri-City MH</i> |
| <i>Stella Tam</i> | <i>Heritage Clinic</i> | <i>Jason Herrera</i> | <i>Trinity</i> |
| <i>Beth Foster</i> | <i>Hillsides</i> | | |

WELCOME

Bertrand Levesque welcomed the group, followed by self-introductions.

REVIEW OF THE MINUTES

The minutes were reviewed and accepted by Mary Crosby, and seconded by Lisa Tran.

REQUEST TO CHANGE PROVIDER

Request to Change Provider report was passed around. Members were directed to review and confirm that report information was correct.

BIENVENIDOS QI/QA PROCESS

Quality Assurance Context: The QA department is comprised of 3 staff members, with billing staff being available for additional quality assurance support. Quality assurance is well supported by the agency and the department has solid support and assistance from the clinical director and program managers.

Chart Review Process: PMR meetings are held weekly and utilization reviews are conducted monthly. Findings from reviews are documented on a "case load tracking tool". Supervisors use the "case load tracking tool" to help review trends and make improvements with service providers. With this process, the quality of the work has continued to improve. In the near future, the department is planning to implement a peer review process with psychiatrists.

Quality Assurance Structure: The quality assurance manager meets monthly with management staff to report quality assurance trends and to disseminate pertinent information. QA also provides new employee documentation training and quarterly documentation training for all staff. The QA

department also collaborates with the EMR director with the purpose of strengthening and safeguarding practices. QA also communicates regularly, with the clinic director, regarding medical parameters.

Staff Morale and Motivation: The agency focuses on carrying out the agency's mission, as a means to building a solid foundation. The use of off-site meetings and luncheons are used to improve moral, as well as promoting regular self-care among staff.

March 2014 Presentation: Maryvale

QUALITY IMPROVEMENT

Parameters for 4.16 Family Inclusion: Effective Jan 2014, there is a new parameter for family inclusion for adults. The parameter can be found using the following path: FOR PROVIDERS > CLINICAL PRACTICE > 4.16 Parameters for Family Inclusion (NEW)

Cultural Competency: Last meeting was held on February 12, 2014. Committee discussed E-News and accomplishments/recommendations for project areas. Cultural Competency Meetings are held every 2nd Wednesday of the month 695 Vermont, 10th Floor. Contact: Sandra Chang-Ptasinski (schang@dmh.lacounty.gov • (213) 251-6851). The next meeting is March 12, from 1-3:30.

Countywide QIC Meeting for Children: Meetings are held every 3 months @ 600 Commonwealth, 2nd floor conference room. The next meeting is February 20, 2014 at 10:00 am. Newly appointed district Dr. Robert Byrd will be present.

Patient Rights Office: PRO will be performing unannounced lobby visits. It is the expectation of PRO that all required materials are accessible in clinic lobbies.

Policy Updates: Please review the Policy Updates Handout- Handout was disseminated, which listed policies updated as of February 10, 2014

LGBTQ Issues: Committee discussion on how agencies have addressed the need for training opportunities related to LGBTQ. Members provided feedback regarding status of discussions and training:

- Pacific Clinics reported that they have regular trainings
- Maryvale reported that they will be providing a training soon
- Enki reported that they have on-going discussions and trainings
- Bienvendios reported that they have had discussions with their director and a plan for training is in process.
- Bertrand Levesque reported that the "The Village" provides training on LGBTQ, and trainings can be provided at your site.

QUALITY ASSURANCE

Questionnaire: Bertrand Leveque distributed a 10-item questionnaire for members to review their knowledge of basic Quality Improvement and Assurance facts.

School Based Program: Bertrand reviewed a few questions that have been asked related to service requests for school based services. The feedback regarding the questions is as follows:

1. Agencies must log/document all requests for services, whether a beneficiary or another person on behalf of the beneficiary made the request.
2. If attempts to contact a parent are made by the agency, but are never returned by the parent/guardian/caregiver, this must be documented.
3. No NOA-E will be needed if you never receive a return phone call from beneficiary/parent/guardian/caregiver, because an appointment cannot be provided without making contact.

IBHIS: In IBHIS, all COS, MAA, and QA services must be documented on the COS/MAA/QA form. At this time, the COS/MAA/QA form will not be part of the client's Clinical Record. IBHIS Group readiness schedule was also disseminated.

Service Function Code: If all psychiatrists and/or psychologists leave your agency and there are no replacements, you must let your district chief know in order to have the function code removed. If/when the vacancy is filled (psychiatrist and/or psychologist), you must go through process to re-establish function code.

IMD – TCM: Reminder: If a client is in an IMD, service providers can only bill T1017 for discharge planning, for 3 non-consecutive 30 day periods. Documentation must show active discharge planning.

Disallowance – Consistency in Signature: Agencies must have documentation of their process/policy for electronic signatures. If there is no policy in place, electronic signature problems can be in a hi-risk category for disallowance.

Groups: Please be sure that group notes have actual interventions rather than a summary of group occurrences. Each provider must have their intervention clearly accounted for in the group, and the time for group must be calculated corrected. In addition, group services must be focused on addressing mental illness, and not appear to be a socialization or A.A. style group.

OTHER ISSUES

Audits:

Fiscal Monitoring Review: Foothill Family Services (February 2014)
PUSD (65 charts)
D'Veal (100 charts)

Auditor Controller Review: D'Veal (20 charts)

PERM Review: 17 Agencies selected (D'Veal & ENKI from SA 3)

Moss-Levy Review: Holly Grove (February 27, 2014)

Announcements: None.

Adjournment: Meeting was adjourned at 11:06

Minutes recorded by: Natalie Majors-Stewart, Tri-City Mental Health

Minutes approved by: Bertrand Levesque, Gassia Ekizian,
Quality Improvement Committee

Next Meeting: The next meeting will be March 19, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.